



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) <b>OMRF 106 CIP</b>										
In re Application of <b>Alireza Rezaie and Charles T. Esmon</b>												
Application Number <b>08/259,321</b>	Filed <b>June 10, 1994</b>											
For <b>CALCIUM BINDING RECOMBINANT ANTIBODY AGAINST PROTEIN C</b>												
Group Art Unit <b>1542</b>	Examiner <b>N, Johnson</b>											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ <u>870.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>435.00</u></p> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed. <input checked="" type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> Applicant(s) have already obtained an extension of time for <input type="checkbox"/> month(s) and the above fee is reduced by \$ <input type="text"/></p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-2507</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>December 30, 1999</u> Date</div><div style="text-align: center;"> _____ Signature</div></div> <div style="text-align: center; margin-top: 10px;"><u>Patrea L. Pabst, Reg. No. 31,284</u> Typed or printed name</div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>870.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	\$ _____
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